



Incident Report

Print Date/Time: 07/02/2016 08:07
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00012065

Incident Date/Time: 6/23/2016 4:24:00 AM
Location: SR 92 / 113TH AVE NE
LAKE STEVENS WA 98258
Phone Number: (253) 341-8171
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0131-Wells
19N3	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SCHERRER, BRUCE K					08/01/1986
2	Reporting Party	SCHERRER, BRUCE					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AQX9740	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

06/23/2016 : 05:04:06 SP0352 Narrative: TOW HAS VEH

06/23/2016 : 04:39:15 SP0339 Narrative: RESCUE TOW ER

06/23/2016 : 04:37:10 SP0339 Narrative: OWNER REQ RESCUE TOWING

06/23/2016 : 04:26:51 SP0224 Narrative: ONE VEH COL, HIT ROAD SIGN

06/23/2016 : 04:25:40 SP0224 Narrative: CC NONINJ, NONBLKIN, SIL 2014 KIA SOL


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E558657

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

**TRIBAL
RESERVATION**

CASE # 16-00012065

LOCAL AGENCY
CODING 0664TOTAL # OF
UNITS 01 OBJECT
STRUCK METAL SIGN POST

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 06 - 23 - 2016	0424	31		
			N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/>	0664
			S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/>	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 92

BLOCK NO. ☒

11300

MILE POST ☐

DISTANCE	OF (REFERENCE OR CROSS STREET)
	113TH AVE NE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 2533418171

LAST NAME SCHERRER FIRST NAME BRUCE MIDDLE INITIAL K

STREET
NEW ADDRESS 17727 CHAPPEL RD

CITY ARLINGTON ST WA ZIP 982237194

CDL RESTRICTIONS J ENDORSEMENTS

DRIVER'S LICENSE # SCHERBK140NA STATE WA SEX M D.O.B. MMDDYYYY 08 - 01 - 1986

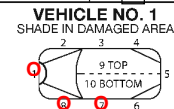
ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AQ9740 STATE WA VIN# KNDJN2A24E7732339

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2014 MAKE KIA MODEL SOUL STYLE UT VEHICLE TOWED YES ☒ NO ☐ TOWED BY RESCUE GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. BRUCE SCHERRER 17727 CHAPPEL RD ARLINGTON WA 982237194 D: 2533418171

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # PROGRESSIVE 901101529VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE
UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET
NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

OFFICER'S NAME (PRINT)

C. WELLS

BADGE OR ID #

0131

AGENCY
WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E558657**CASE # **16-00012065**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit #1 SHRERRER was traveling westbound on SR 92. As he exited the round-a-bout at the SR 92 / 113th Ave NE he fell asleep. He drove over the two signs on the western most curbing of the round-a-bout causing significant damage to the front end and under carriage of his vehicle.

No injury reported.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS
06-23-16 05:36 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

W. AUKERMAN 0072
6/29/2016 1:00:14 PM

BADGE OR ID #

0131

ORI #

WA0311900

TIME POLICE DISPATCHED

4:28 AM

TIME POLICE ARRIVED

4:33 AM

REPORT NO. E558657

CASE # 16-00012065

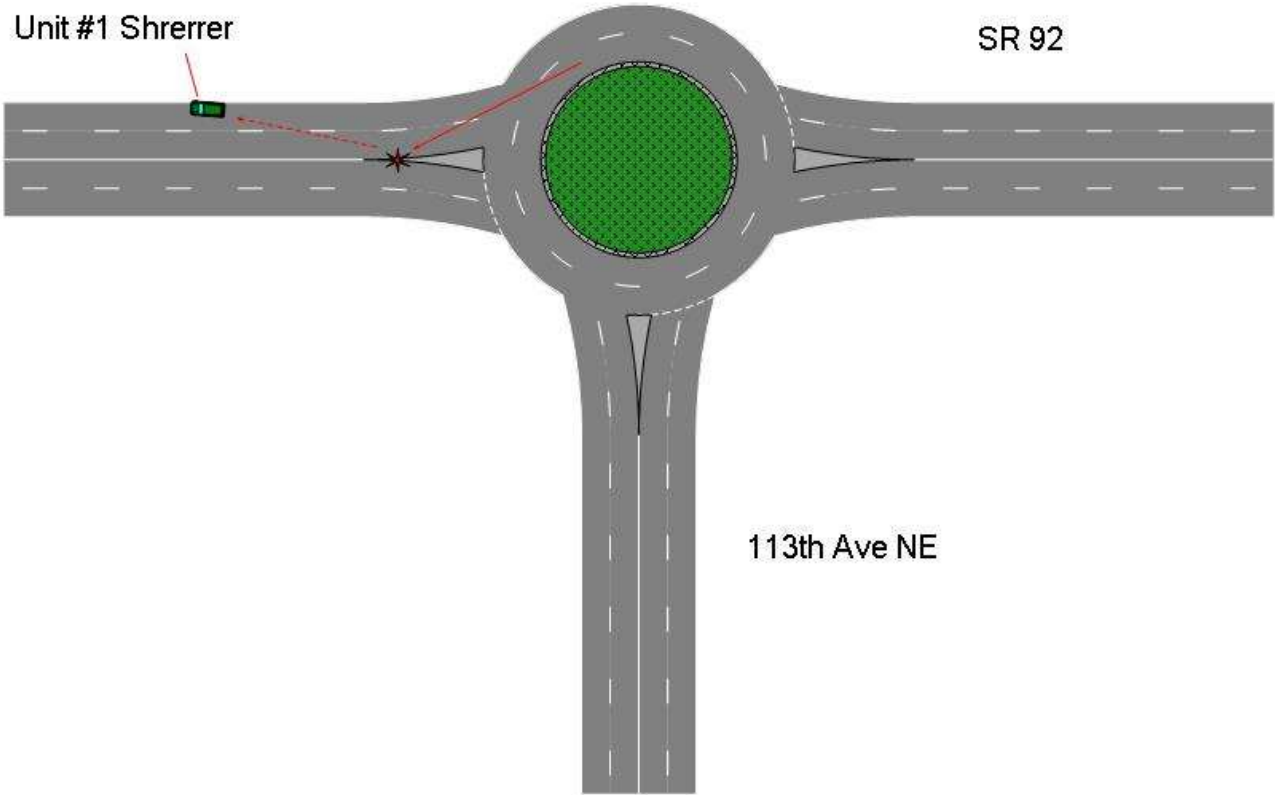
DATE AND TIME
OF COLLISION 06/23/16 04:24

not to scale



Unit #1 Sherrer

SR 92



113th Ave NE